

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT'S 097529059			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51			
2	/	/	/			52			
3	/	/	/			53			
4	/	/	/			54			
5	/	/	/			55			
6	/	/	/			56			
7	6	/	/			57			
8	8	/	/			58			
9	8	/	/			59			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3	3				TOTAL IND.			
TOTAL DEP.	11	6				TOTAL DEP.			
TOTAL CLAIMS	34	9				TOTAL CLAIMS			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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